

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

26677

**1. PLACE OF DEATH**

County Carroll  
Township.....  
City Carrollton (No.....)

Registration District No. 135  
Primary Registration District No. 30.10

File No.....  
Registered No. 77  
St..... Ward.....

**2. FULL NAME**

Nora Pollard Forest

(a) Residence No. 214 N. Main St., Ward.....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

F

**4. COLOR OR RACE**

W

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

10-20-1857

**7. AGE**

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

70

9

12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Peoria Illinois

**10. NAME OF FATHER**

Benjamin Pollard

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Kentucky

**12. MAIDEN NAME OF MOTHER**

Nancy Dimon

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Missouri

**14. INFORMANT**

(Address)

Earl Forest Carrollton, Mo

**15. FILED**

8-3, 1928 Mrs. E. E. Farnham

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

8-2 1928

**17.**

I HEREBY CERTIFY That I attended deceased from 8-2, 1928, to 8-2, 1928 that I last saw h. er alive on 8-2-28, 1928, and that death occurred, on the date stated above, at 4 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

acute myocarditis

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS**

8/3 (Signed) W. G. Atwood, M. D. (Address) Carrollton, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Oak Hill

8-5 1928

**20. UNDERTAKER**

**ADDRESS**

Willis Bros.

Carrollton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state.

